PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE INT FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris -----FILED_--**FOR** Secretary of State DIVISION OF CORPORATIONS _____-00-0CT-1-6--AM-8:-49 DOCUMENT # M42157 SECRETARY OF STATE
THE BAR AS THE PEORIDA 1. Corporation Name **RED JAGUAR CORPORATION** Principal Place of Business Mailing Address 1541 BRICKELL AVENUE 1541 BRICKELL AVENUE APT 2605 **APT 2605** MIAMI FL 33129 MIAM! FL 33129 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
 To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 11/24/1986 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-2748051 Not Applicable 6. \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers and/or Directors Officer and/or Director City / State / Zip Title(s) D MALAND, ROBERT C. 7902 NW 36 ST #203 MIAMI FL D 7902 NW 36 ST #203 MIAMI FL ASHER, JAMES G. ****150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name MALAND, ROBERT C. Street Address (P.O. Box Number is Not Acceptable) ONE DATRAN CENTER, SUITE 1409 Suite, Apt. #, Etc. 9100 S DADELAND BLVD **MIAMI FL 33156** State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 17 00

305-859-8714

Daytime Phone #



the asher group,inc

October 17th, 2000

Mr. Tyrone Scott
Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FI 32399

Dear Mr. Scott,

As per or conversation on October 17th, please find the enclosed amount of \$150.00 per corporation to reinstate the following corporations:

ية المجارة, Garden Properties, Inc. - 0051448

Red Jaguar, Inc.- 0051238 Daniel Micheal, Inc.- 0051381

Ft: Myers Properties Inc. - 0051385

Port Malabar Properties Inc. - 0051274

As I discussed with you I have searched all of my files and

have been unable to find any forms for corporate filing fee 2000 or Corporation Annual Report / Uniform Business Report

Thank you for your help

Laura Gold